

DEPARTMENT OF HEALTH SERVICES  
COUNTY OF LOS ANGELES

SUBJECT: **EMERGENCY MEDICAL TECHNICIAN (EMT)**  
**SCOPE OF PRACTICE**

(EMT)  
REFERENCE NO. 802

PURPOSE: To define the scope of practice for an Emergency Medical Technician (EMT) in Los Angeles County.

AUTHORITY: California Code of Regulations, Title 22, Section 100063

DEFINITIONS:

**Los Angeles County EMT Scope of Practice:** Skills, procedures, assist patients with a physician prescribed medication, or administer certain medications that are approved by the Los Angeles County EMS Agency Medical Director.

PRINCIPLES:

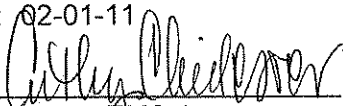
1. EMT personnel working in Los Angeles County shall be trained and tested in the EMT Scope of Practice approved by the EMS Agency Medical Director.
2. When EMT personnel arrive prior to an advanced life support (ALS) unit, they shall assess the patient and make appropriate care and transport decisions as per Reference No.808 – Base Hospital Contact and Transport Criteria and Reference No. 502 – Patient Destination.
3. When EMTs assist patients with a physician prescribed medication or administer certain approved medications, an ALS unit must be enroute or the patient must be transported to the most accessible receiving facility that meets the needs of the patient, if the ALS unit's estimated time of arrival (ETA) exceeds the ETA to the MAR. The rationale for the decision to transport shall be documented on the EMS patient care record.
4. EMT personnel may immediately transport hypotensive patients with life-threatening, penetrating injuries to the torso to the closest trauma center, not the most accessible receiving (MAR), when the transport time is less than the estimated time of ALS arrival. The transporting unit should make every effort to contact the receiving trauma center.
5. If EMT personnel encounter a life-threatening situation, they should exercise their clinical judgment as to whether it is in the patient's best interest to transport the patient prior to the arrival of an ALS unit if their estimated time of arrival (ETA) exceeds the ETA to the MAR. The rationale for the decision to transport shall be documented on an EMS patient care record.
6. EMT personnel may honor a patient request for transport to a facility other than the MAR if the patient is deemed stable and only requires basic life support (BLS).

EFFECTIVE: 03-01-86

REVISED: 12-01-13

SUPERSEDES: 02-01-11

APPROVED:

  
Director, EMS Agency

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Medical Director, EMS Agency

7. EMTs may transfer care of a patient to another EMT team if necessary.

POLICY:

- I. During training, while at the scene of an emergency, during transport of the sick or injured, or during interfacility transfer, a certified EMT or a supervised EMT student is authorized to do any of the following:
  - A. Patient assessment:
    1. Evaluate the ill or injured patient.
    2. Obtain diagnostic signs to include, but not limited to:
      - a. respiratory rate
      - b. pulse rate
      - c. skin signs
      - d. blood pressure
      - e. level of consciousness
      - f. pupil status
      - g. pain
      - h. pulse oximetry (if available)
  - B. Rescue and emergency medical care:
    1. Basic emergency care
    2. Cardiopulmonary resuscitation (CPR)
    3. Mechanical adjuncts for basic cardiopulmonary resuscitation (*requires EMS Agency approval*)
    4. Automated external defibrillation (AED)
  - C. Airway management and oxygen administration:
    1. Administer oxygen using the following adjunctive airway breathing aids:
      - a. oropharyngeal airway
      - b. nasopharyngeal airway
      - c. suction devices

- d. basic oxygen delivery devices including, but not limited to:
      - i. nasal cannula
      - ii. oxygen mask
      - iii. partial rebreather
      - iv. bag-valve-mask (BVM)
      - v. humidifier
  - 2. Use manual and mechanical ventilating devices designed for prehospital including continuous positive airway pressure (CPAP) *[requires EMS Agency approval]*.
  - 3. Ventilate advanced airway adjuncts:
    - a. endotracheal tube
    - b. perilaryngeal airway device (King LTS-D)
    - c. tracheostomy tube or stoma
  - 4. Suction tracheostomy tube or stoma
- D. Monitor and adjust to maintain a preset rate of flow, or turn off the intravenous (IV) fluid if indicated:
  - 1. Glucose solutions
  - 2. Isotonic balanced salt solutions (Normal Saline)
  - 3. Ringer's Lactate
- E. Trauma Care:
  - 1. Perform field triage
  - 2. Extricate entrapped persons
  - 3. Use various types of stretchers
  - 4. Use spinal immobilization devices
  - 5. Provide initial prehospital emergency trauma care including, but not limited to:
    - a. tourniquets for bleeding control
    - b. hemostatic dressings *[only approved for law enforcement special weapons and tactics (SWAT) team]*

- c. extremity splints
    - d. traction splints
- F. Medical and behavioral care:
  - 1. Apply mechanical restraints
  - 2. Set up ALS procedures, under the direction of a paramedic
  - 3. Transport patients with a physician's prescribed medical device of one or more of the following:
    - a. nasogastric (NG)
    - b. orogastric tube (OG)
    - c. gastrostomy tube (GT)
    - d. saline/heparin lock
    - e. foley catheter
    - f. tracheostomy tube
    - g. ventricular assist device (VAD)
    - h. surgical drain(s)
    - i. medication patches
    - j. indwelling vascular lines
      - i. pre-existing vascular access device (PVAD)
      - ii. Peripherally inserted central catheter (PICC) line
- NOTE: Excluded from transport are central venous catheter (CVP) monitoring devices, arterial lines, Swan Ganz catheter and thoracostomy (chest) tubes.**
- G. Administer the following over the counter medications:
  - 1. Oral glucose or sugar
  - 2. Aspirin –for adults with suspected myocardial chest pain
- H. Assist patients with the administration of physician prescribed self-administered emergency medications if indications are met and there are no contraindications. These medications include but are not limited to:

1. Sublingual nitroglycerin up to maximum of 3 doses (includes patient self-administration) if systolic blood pressure is  $\geq 100\text{mm/Hg}$
  2. Bronchodilator inhaler or nebulizer, if the patient is alert enough to use an inhaler or hand-held nebulizer
  3. Epinephrine device (autoinjector) for signs/symptoms of severe allergic reaction and asthma
- I. Monitor intravenous (IV) infusions with additives adjusted to a keep open (TKO) rate:
1. Folic acid
  2. Multi-vitamins (MVI)
  3. Magnesium Sulfate (*only in conjunction with multi-vitamins*)
  4. Thiamine
- J. Monitor IV infusions with additives at pre-set rate via infusion pump:
1. Potassium Chloride 20mEq/1000mL
  2. Total parenteral nutrition (TPN)
- K. Transport patients with specialized infusion pumps:
1. Any prescribed medication with an automated or patient operated medication pump.
  2. Any prescribed pain medication via a patient controlled analgesia (PCA) pump.

CROSS REFERENCES:

Prehospital Care Manual:

- Ref. No. 412 **Automated External Defibrillator (AED) EMT Service Provider Program Requirements**
- Ref. No. 502 **Patient Destination**
- Ref. No. 506, **Trauma Triage**
- Ref. No. 517 **Private Provider Agency Transport/Response Guidelines**
- Ref. No. 802.1 **Los Angeles County EMT Scope of Practice**
- Ref. No. 802 **Los Angeles County Paramedic Scope of Practice**
- Ref. No. 802.1 **Los Angeles County Paramedic Scope of Practice**
- Ref. No. 808 **Base Hospital Contact and Transport Criteria**